



A/R 5-520

OFFICE OF EMERGENCY MEDICAL SERVICES
Administrative Requirements Manual

Effective: 2/22/05

Authorization:

Page: 1 of 2

A/R Title: Requirements for Basic and Intermediate EMT Use of Glucose Monitoring

Supersedes: N/A

Purpose: To establish requirements that must be met by ambulance services if they choose the **option** of having their emergency medical technicians (EMTs) certified at the Intermediate or Basic Life Support (BLS) level use glucose monitoring devices to determine if a patient presenting with signs and symptoms consistent with an altered mental status, or suspected of an acute stroke, has high or low blood sugar levels causing their symptoms.

Background: Glucose monitoring has long been an approved EMS diagnostic tool at the Paramedic level of care. In recent years, certain EMTs at the Basic and Intermediate level in the Commonwealth have also been performing glucose monitoring – when working for services under a Department-approved special project waiver, or when working with Paramedics, after the Basic or Intermediate EMT has completed a Paramedic-assist training program. Glucose monitoring has proven to be a minimally invasive and useful tool and will guide the EMT down the appropriate treatment pathway.

Requirements:

EMS services that choose the **option** of having their EMT-Basics and EMT-Intermediates use glucose monitoring devices must meet the following requirements:

- A. The service must have an identified medical director, under an affiliation agreement or a memorandum of agreement with a hospital, to provide medical oversight. This can be accomplished by incorporation into an existing affiliation agreement, or memorandum of agreement required for administration of medications, or by execution of a separate agreement.
- B. The medical director under the agreement in (A) shall be responsible for ensuring appropriate training and competency of all EMTs using glucose monitoring, and for all aspects of medical oversight of the program.
- C. The service must maintain training records for review by the Department.
- D. The service must have ongoing quality assurance/quality improvement (QA/QI), either internally or through the agreement in (A), for assessing EMT competency, including, at a minimum, a yearly review of such training and competency in glucose monitoring.



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- E. The service must use a glucose monitoring device that is:
 - 1) approved by the U.S. Food and Drug Administration (FDA);
 - 2) utilizes capillary action;
 - 3) measures whole blood;
 - 4) uses one-time lancet;
 - 5) uses small specimen size to decrease the risk of bloodborne pathogen exposure, and
 - 6) requires minimal calibration and cleaning.
- F. All patient glucose monitoring results must be documented on the trip record.
- G. The service must ensure strict adherence to bloodborne pathogen policies and procedures, including universal precautions, sharps disposal and reporting requirements currently defined by the Department.
- H. All services must run controls, where applicable, in accordance with manufacturer's instructions.
- I. The service must ensure strict adherence to the use, care and cleaning of the glucose monitoring device in accordance with the manufacturers' instructions.
- J. Use of glucose monitoring devices may subject the service to the federal Clinical Laboratories Improvement Amendments (CLIA) requirements. For information on CLIA compliance, contact the Department's Clinical Laboratory Program, at (617) 983-6739, or go to the U.S. Centers for Medicare and Medicaid Services (CMS) website for CLIA, at www.cms.hhs.gov/clia/.